

Elevated blood pressure and tobacco exposure put rural adolescents at risk for cardiovascular disease and premature death as they become adults. Public health measures to reduce tobacco exposure and obesity among rural adolescents are of critical importance.

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ADOLESCENT MOTHERS: THE EFFECT OF CHILDREN ON SUBSTANCE USE TREATMENT OUTCOMES

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Purpose: Adolescent motherhood is correlated with negative health and social outcomes for both the mother and the child. Few research studies have explored the impact of adolescent and young adult motherhood on substance abuse treatment and recovery. The aim of this study was to identify characteristics associated with successful completion of a substance abuse program by adolescents and young adults with children.

Methods: Data were from female adolescents and young adults in the Treatment Accountability for Safer Communities (TASC) program, a case management criminal justice diversion program for substance users that is an alternative to incarceration and involves drug rehabilitation placement. Variables included demographics (i.e. race, marital status, employment, education, insurance status), criminal history, substance dependence diagnosis, and program outcome (categorized as positive/indeterminate versus negative). Chi square analyses for categorical data and ANOVAs for continuous variables were used to determine univariate associations between variables. A binary logistic regression analysis was completed to determine the characteristics associated with adolescent and young adult women with children.

Results: A total of 874 adolescents and young adult women 21 years of age and under (range 15–21) were analyzed; 271 had children (31%). The mean age of the group was 19.7 years. Of those with children, 33 (12.1%) lost custody and 26 (9.6%) were involved in a current child protective services court case. Univariate analysis showed adolescent and young adult mothers to be more likely to have negative treatment program outcomes (e.g. not completing the program, etc.) than non-mothers (39.9% vs 26.5%, $p < 0.01$). There was no difference in type of substance dependence between mothers and non-mothers. Multivariate analysis showed mothers to be more likely than non-mothers to be non-white ($p < 0.01$, OR 3.0), have current or past marriage ($p < 0.01$), have Medicaid ($p < 0.01$, OR 12.2), and live with their spouse and children ($p < 0.01$, OR 15.9). Adolescents and young adults in substance use treatment who had completed more than a high school education were less likely to be mothers ($p < 0.01$, OR 3.4). There was no difference in treatment program outcome between adolescent mothers and non-mothers when accounting for other variables including race, living situation, education, and insurance status.

Conclusions: Adolescents and young adult women who have children and are involved in the criminal justice system have negative substance abuse treatment outcomes (e.g. failure to complete the program) more often than adolescents and young adult women without children. However, these differences did not

remain significant when taking socioeconomic factors such as living situation, employment, and education into account. Future research needs to be conducted to explore optimal strategies to address economic, educational and social challenges for adolescent and young adult mothers receiving treatment for substance dependence in the correction system. As well, studies are needed to assess the children of adolescent and young adult substance users and develop sustainable educational and youth development programs that engage the parent and the child longitudinally.

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PARENT-TEEN RELATIONSHIPS

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PARENTAL PRESENCE IN THE HOME AND ADOLESCENT RISK-TAKING BEHAVIORS: DOES IT MATTER?

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Purpose: Family structure has been shown to affect the overall health of adolescents. The number of single parent homes and “blended” families have been increasing in the United States. Children in single parent homes have been shown to have lower graduation rates and increased drug use compared to children in two-parent homes; however, homes of single parents have a decreased presence of firearms. There is little research on the impact of parental presence on other risk behaviors including sexual activity and depression. The purpose of this study is to identify associations between adolescent risk-taking behaviors, depression risk, and household parental presence type.

Methods: Adolescents presenting to the University of North Carolina General Pediatrics and Adolescent clinic for well-visits during a 6 month period completed a modified version of the Guidelines for Adolescent Preventive Services (GAPS) and Patient Health Questionnaire (PHQ-9). The GAPS is a routine screening tool for adolescent risk behaviors. The PHQ-9 is a validated rating scale in which a score of 11 or greater is predictive of major depressive disorder. Survey data was collected and entered into STATA data analysis software. Chi square analyses were performed to determine associations between risk behaviors and household parental presence categorized as the following: mother only, mother and father, or blended families which included combinations of a parent, grandparents, and step-parents.

Results: Surveys were collected from 253 adolescents with a mean age of 14.2 years (100%). Most respondents were black (45%) with the remaining respondents Hispanic (26%), white (21%), and other races (8%). Equal amounts lived with mother only (39%) and mother and father (37%). Twenty four percent of the total respondents lived in other family arrangements. Of all respondents, 6% had PHQ-9 scores of 11 or greater, those living with mother and father being least likely (2%) and those living in other arrangements most likely (12%, $p = 0.05$). Teens living with mother only, mother and father, and other arrangements differed in failing grades (21%, 11%, and 32%, respectively, $p < 0.01$), school suspension (8%, 1%, 13%, respectively, $p < 0.01$), and reacting violently when angry (3%, 11%, 16%, respectively, $p < 0.05$). When adolescents living with mother only versus mother and father

families were compared, respondents reported sexual activity more frequently (21% vs 13%, $p = 0.13$) and household firearms less frequently (9% vs. 16%, $p = 0.13$). No differences were noted in substance use between groups, including report of alcohol, tobacco, and marijuana use.

Conclusions: Family structure may influence certain risk behaviors. Those in “blended families” may be at greater risk of depression and school-related problems such as failing grades and suspension. Teens living in families with mothers only versus both mother and father trended towards more sexual activity and less household firearm presence although the difference was not statistically significant. These observations may assist in the development of school and family-level interventions.

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ADOLESCENTS IN EARLY ROMANTIC RELATIONSHIPS: ARE THEIR PARENTS ACCURATE ABOUT THEM?

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Purpose: Parents of adolescents in early romantic relationships (ERRs) have the opportunity to provide guidance about sexual decision-making. Among adolescents who are in ERRs, we sought to determine if parents are accurate in their knowledge of their adolescents' behaviors and if demographics and topics of parent/child conversations are associated with accuracy.

Methods: Adolescents aged 14-17 years who spoke English or Spanish were recruited from two urban adolescent medicine practices to participate with their parents in a study regarding willingness to participate in clinical trials related to reproductive health. For the present study, we analyzed survey data for adolescents in ERRs, defined as those who reported that they currently have or ever had a romantic partner and/or have ever kissed someone, with no additional sexual behaviors. Parents were asked about their adolescents' romantic relationships and kissing behavior and if they had conversations with their adolescents about the following topics: dating/romantic relationships, sexual decision-making, and handling sexual pressure.

Results: Presently, 180 adolescent-parent dyads have been recruited. Of these 180, 21 (12%) adolescents reported never having had a romantic relationship or kissing, 90 (50%) reported being in ERRs, and 69 (38%) reported engaging in additional sexual behaviors. Of the 90 adolescents in ERRs, 57 (63%) were female, 76 (84%) were Hispanic, and the mean age was 15.4 years. Seventy-two (80%) of those in ERRs reported ever having a romantic partner, 4 (6%) of whom reported never kissing; 18(20%) reported kissing without ever having a romantic partner. Sixty-six (73%) parents of adolescents in ERRs were accurate about their adolescents' past romantic relationships, 70 (78%) were accurate about current romantic relationships, and 69 (77%) were accurate about kissing behavior. Sixteen (18%) parents over-reported current relationships, 6 (7%) over-reported past relationships, and 3 (3%) over-reported kissing behavior. Four (4%) parents were unaware of current relationships; 18 (20%) were unaware each of past relationships and kissing behavior. Thirty-nine parents (43%) were accurate across all three behaviors, 51 (57%) were inaccurate about at least one behavior, and no parent was inaccurate

about all three. There were no differences based on adolescent gender, ethnicity, or age in the likelihood that parents would be accurate about all three. Talking to their adolescents about dating/romantic relationships was associated with parental accuracy about all three behaviors ($p = 0.01$). The association between accuracy and talking to their adolescents about handling sexual pressure approached significance ($p = 0.07$); there was no association between discussing sexual decision-making and accuracy ($p = 0.10$).

Conclusions: Forty-three percent of parents were completely accurate about their adolescents' ERRs. Accuracy was not related to demographics, but was related to parent conversations with adolescents about dating. Adolescent medicine providers often focus on the behaviors of those who are sexually experienced, yet in the sample of 180 adolescents, over half reported no sexual behavior beyond kissing. Parental involvement and provider anticipatory guidance are critical at this early stage of adolescent romantic relationships. This is the opportunity for discussions focused on promoting healthy romantic relationships and delaying sexual intercourse until the adolescent is developmentally ready.

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PARENT-ADOLESCENT SEXUAL HEALTH COMMUNICATION: IS PARENT KNOWLEDGE OF ADOLESCENT SEXUAL BEHAVIOR A MARKER OF COMMUNICATION QUALITY?

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Purpose: Parent-teen sexual health communication has been examined in the literature for its influence on teen sexual health behaviors, but few studies have evaluated the quality of such communication. Parent and teen “congruence,” or agreement between teen report of sexual health behaviors and parental knowledge of those behaviors, may be one marker of effective communication because it implies open, two-way communication between parent and teen. This study was designed to explore sexual health communication quality by examining the relationship between parent-teen congruence and parent-teen sexual health communication.

Methods: This cross-sectional study used data from an online survey of 942 parent-teen dyads sharing a household, drawn from a nationally-representative cohort (the Knowledge Networks online research panel). Teens were ages 15-18 at the time of survey and about half were female. The survey was administered in June 2012 by the Planned Parenthood Federation of America as part of a project aimed at increasing parent-teen sexual health communication. Both parents and teens were questioned about their sexual health communication and about the adolescent's sexual behavior. Agreement between teen report of oral and vaginal sex and parent's reported knowledge of such behaviors was measured (congruence). Chi-squared tests and logistic regression were conducted to determine the association between parent-teen sexual health communication variables, parent-teen congruence, and teen report of condom use.

Results: Eighty-four percent of teens and their parents reported talking about sexual health. While 22.7% of the teen sample reported engaging in oral or vaginal sex in the past, only 67.5% of